

INVENTEK

Dov Rosenfeld
5507 College Avenue, Suite 2
Oakland, CA 94618, USA
Phone: (510)547-3378; Fax: (510)291-2985
dov@inventek.com

RECEIVED
Fax CENTRAL FAX CENTER
SEP 20 2004

Patent Application Ser. No.: 09/849,193**Ref./Docket No:** LUID041CIP**Applicant(s):** Tosaya**Examiner.:** Jean Lesperance**Filing Date:** May 4, 2001**Art Unit:** 2674**FAX COVER PAGE**

TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

United States Patent and Trademark Office
(Examiner Jean Lesperance, Art Unit 2674)

Fax No.: 703-872-9306**DATE:** September 20, 2004**FROM:** Dov Rosenfeld, Reg. No. 38687**RE:** Supplementary Amendment*Number of pages including cover:* 12.**OFFICIAL COMMUNICATION**

PLEASE URGENTLY DELIVER A COPY OF
THIS AMENDMENT TO THE EXAMINER OF
RECORD FOR THIS APPLICATION JEAN
LESPERANCE, ART UNIT 2674

Certificate of Facsimile Transmission under 37 CFR 1.8

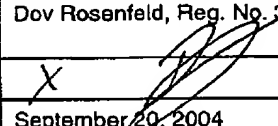
I hereby certify that this response is being facsimile transmitted to the United States Patent and Trademark Office at telephone number 703-872-9306 addressed the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on.

Date: Sept. 20, 2004**Signed:** Amy Drury
Name: Amy Drury

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>	Application Number	09/849,193
	Filing Date	4 May 2001
	First Named Inventor	Tosaya, Carol
	Group Art Unit	2674
	Examiner Name	Jean Lesperance
Attorney Docket Number		LUID041CIP

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Supplementary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Remarks: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		

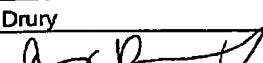
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT/ CORRESPONDENCE ADDRESS

Firm or Individual name	Dov Rosenfeld, Reg. No. 38687
Signature	
Date	September 20, 2004

ADDRESS FOR CORRESPONDENCE

Firm or Individual name	Dov Rosenfeld 5507 College Avenue, Suite 2, Oakland, CA 94618, Tel: 510-547-3378
-------------------------	--

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted with the United States Patent and Trademark Office at Telephone number 703-872-9306 addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA				September 20, 2004
Type or printed name	Amy Drury	Date	September 20, 2004	
Signature				

Our Ref./Docket No: LUID041CIP

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Tosaya Application No.: 09/849,193 Filed: May 4, 2001 Title: PIEZOELECTRIC DATA ENTRY DEVICE	Group Art Unit: 2674 Examiner: Jean Lesperance
--	---

TRANSMITTAL: SUPPLEMENTARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

Transmitted herewith is a supplementary amendment to the response to office action filed on April 7, 2003.

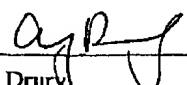
This application has:

☐ a small entity status. If a claim for such status has not earlier been made, consider this as a claim for small entity status.

☒ No additional fee is required.

Certificate of Facsimile Transmission under 37 CFR 1.8

I hereby certify that this response is being facsimile transmitted to the United States Patent and Trademark Office at telephone number 703-872-9306 addressed the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on.

Date: Sept. 20, 2004Signed: 
Name: Amy Drury

S/N 09/849,193

Page 2

LUID041CIP

_____ A credit card payment form is attached for presentation of additional claims.

X Applicant(s) believe(s) that no Extension of Time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for an extension of time.

_____ Applicant(s) hereby petition(s) for an Extension of Time under 37 CFR 1.136(a) of:

_____ one months (\$55) _____ two months (\$210)
_____ two months (\$475) _____ four months (\$740)

If an additional extension of time is required, please consider this as a petition therefor.

_____ A credit card payment form for the required fee(s) is attached.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0292 (A DUPLICATE OF THIS TRANSMITTAL IS ATTACHED):

X Any missing filing fees required under 37 CFR 1.16 for presentation of additional claims.

X Any missing extension or petition fees required under 37 CFR 1.17.

Respectfully Submitted,

Sept. 20, 2004
Date


Dov Rosenfeld, Reg. No. 38687

Address for correspondence:

Dov Rosenfeld

5507 College Avenue, Suite 2,

Oakland, CA 94618

Tel. 510-547-3378; Fax: +1-510-291-2985